## FILE\_NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P94000060363

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

GERIATRIC CARE CONSULTANTS, INC.

15780 HAYNIE JUPITER FL 334		15780 HAYNIE LANE JUPITER FL 33478				DO NOT WR  3. Date Incorporated or Qualifect 08/17/1994	ITE IN THIS S	PACE	· · · · ·	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	-	T Ar	oplied For	
21	26				65-0513966		No	ot Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.			,			5. Certifcate of Status Desired \$8.75 Additional Fee Required				
City & State City & State					12/11-21	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
<b>23</b> Zip	Country	Zip	Cou	ntrv		8. This corporation owes the cu	rent vear Intar			
<b>─</b> 1 '	25 29		30			Personal Property Tax.				
24 25 29 3 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
5. Halle and Address of Current registratory				81 Name						
RAPPAPORT, JUDIE						(D.O. B. Martania Mathematical)				
15780 HAYNIË LANE				82	Street Addre	dress (P.O. Box Number is Not Acceptable)				
JUPITER FL 33478				83						
				84 City FL 85 Zip Code  the above-named corporation submits this statement for the purpose of changing its registered rized by the corporation's board of directors. I hereby accept the appointment as registered						
office or r agent. I a SIGNATURE	to the provisions of Sections but Judy registered agent, or both, in the State of um familiar with, and accept the obligati Signature, typed or printed name of registered agent	ons of, Section 607.0505, Fl	orida Statı	utes.	t signature required	d when reinstaling)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO O				
TITLE	D	☐ DELETE	1,1 Π	Π.E		្រុះស្រួច		Change	Addition	
NAME	RAPPAPORT, JUDIE		1.2 N	ME			4			
STREET ADDRESS	15780 HAYNIE LANE		1.3 81	REET	ADDRESS				, ,	
CITY-ST-ZIP	JUPITER FL 33478		1.4 Cr	TY-\$1	T-ZiP					
TITLE	D	. DELETE	2.1 TI	īLE				☐ Change	☐ Addition	
NAME	MUSSON, JOHN		2.2 N/	ME		•				
STREET ADDRESS	ATTENDED ALANDAME I SAME		2.3 \$1	REET	ADDRESS	•			ļ	
CITY-ST-ZIP	JUPITER FL 33478	Market Commence	2.4 C	ITY-S	T-ZIP					
TITLE	Since the Park	☐ DELETE	3.1 T	RE				☐ Change	☐ Addition	
NAME		\$5.	3.2 N							
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CITY-ST-ZIP		☐ DELETE	_		ST-ZIP		<u> </u>	Channe	15 Addition	
TITLE	Į.	FT DEFEIR	4.1 TI			• • • • • • • • • • • • • • • • • • •		ا جارت		
NAME STREET ADDRESS	A.		4. 2 N 4.3 ST		TADDRESS					
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CITY-ST-ZIP	**		4.4 CI	TY-S	T-ZIP·					
TITLE	***	☐ DELETE	4.4 CI 5.1 TI		T-ZIP		<del></del>	☐ Change	☐ Addition	

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

建200 转动 机压煤管

s filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an intrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a continuous statutes.

☐ Change

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90051 017 \*\*\*150.00